

General Dental Practice Inspection Report (Announced)

Bupa Dental Care, Caerphilly,
Aneurin Bevan University Health
Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bupa Dental Care, Caerphilly, Aneurin Bevan University Health Board on 23 May 2022.

Our team for the inspection comprised of two HIW Inspectors and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Bupa Dental Care, Caerphilly, was a small, welcoming practice that provided a friendly and satisfactory service for their patients. The practice was situated on the first floor of a building that formed part of a row of shops and restaurants on the outskirts of Caerphilly town centre.

We saw that changes had been made to the environment in line with government guidance to enable patients to be treated safely due to the recent COVID-19 pandemic. We observed staff greeting patients in a polite and friendly manner both in person and on the telephone. We noted that patient confidentiality and dignity was always maintained.

This is what we recommend the service can improve:

- Making an “active offer” to encourage those patients who may wish to communicate through the medium of Welsh to do so
- Displaying information to encourage communication through Welsh and ensure written information is available bilingually
- Offering information in a variety of accessible formats
- Gather patient feedback regularly
- Implement a “you said, we did” information board in response to patient feedback
- Review the complaints policy to ensure full details are included for HIW and other organisations that can assist with making a complaint
- Notify prospective patients and visitors of the access requirements for the practice and ensure suitable alternative provision is made available.

This is what the service did well:

- We witnessed patients being treated in a caring and friendly manner within surgeries that preserved their dignity
- We found that the practice promoted confidentiality and saw that sensitive or confidential conversation were treated appropriately and in a private manner.

Safe and Effective Care

Overall summary:

We identified that the practice required improvements to the fire safety arrangements at the practice. Specifically, the fire risk assessment was found to be almost two years out of date. In addition, the actions detailed in the risk assessment had not been completed and an update on progress was not provided.

This is what we recommend the service can improve:

- Fire risk assessments must be completed, and actions required must be completed in a prompt and timely manner according to priority
- Write a written medicines management policy and a policy relevant to the local area for the management of medical emergencies
- Obtain written confirmation from the pharmacy for receipt of expired medications
- Have a dedicated radiation protection file to include policies relating to radiation and radiography at the practice
- Ensure all clinical staff involved in the taking, developing or producing of X-rays have undertaken recent training that is regularly renewed
- Display information relating to the benefits and risks associated with exposure to ionising radiation for those patients undergoing X-ray procedures
- Write policies to ensure a safe environment for patients, staff and visitors, renewed regularly and agreed to by all staff. These should include a fire policy, buildings maintenance policy and a policy and procedure for risk management
- Develop a 'Local Safety Standards for Invasive Procedures' (LocSSIPs) for wrong site extraction in Dentistry toolkit
- Undertake an audit compliant with Welsh Health Technical Memorandum 01-05 (WHTM 01-05) to ensure decontamination practices are compliant.

This is what the service did well:

- Dental records were written clearly and contemporaneously and contained details of patient treatment
- Informed consent was gained for each of the patient dental records that we reviewed
- The practice had a well-appointed decontamination room that had effective procedures in place to ensure infection prevention and control measures were upheld

- Dental surgeries were well equipped and fit for purpose with air filtration machines in place to mitigate against the risks of COVID-19.

Quality of Management and Leadership

Overall summary:

Bupa Dental Care, Caerphilly had a large team of part-time staff who we witnessed working well together to deliver patient care. The intended registered manager was new to the role and was supported by an experienced practice manager from a nearby practice.

However, the practice lacked organisation as the practice had not had a permanent manager in place for approximately two years. This meant that the practice lacked effective leadership and the necessary structure and governance to ensure a well-run and efficient practice.

The practice was not engaging with tools available to enhance improvement and practice development on the day of our visit and audits were not routinely carried out.

On the day of our visit, we found that the intended registered manager was focussed on providing effective management and leadership to the team and eager to make the improvements necessary to ensure compliance with the regulations and development of the practice.

This is what we recommend the service can improve:

- Improvement to the practice patient information leaflet in line with the regulations
- Improvement to the statement of purpose document that is reviewed at least annually (or sooner should there be a change)
- Completion of practice development tools including Maturity Matrix Dentistry and Skills Optimiser Self Evaluation Tool (SOSET).
- Increase audit activity to include smoking cessation, record keeping, anti-microbial prescribing and infection prevention and control (IPC) alongside an audit policy and schedule
- Completion of yearly staff appraisals
- Introduction of minuted staff meetings
- Ensure the full range of policies and procedures as set out in the Private Dentistry (Wales) Regulations (2017) are available, regularly reviewed and signed by all staff

- Have in place a robust policy for the timely reporting to HIW of notifiable incidents
- Ensure staff roles and responsibilities are clearly defined
- Regularly renew DBS checks for staff and ensure a policy in place to check fitness to work of staff.

This is what the service did well:

- An in-house bespoke training programme for staff to ensure compliant mandatory training
- Nearby support available from a local practice manager
- Bespoke compliance package available for Bupa Dental Care practices.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 17 completed questionnaires. Ten of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

“No improvement needed.”

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments included:

“More staff in reception.”

“More staff.”

“Answer the phone.”

“Shorter wait for treatment.”

Staying Healthy

Health Protection and Improvement

We observed the changes that had been made to the environment of the practice due to COVID-19. We saw that screens had been placed at the reception desk to protect staff and visitors. We found multiple alcohol gel dispensers placed in strategic locations throughout the practice.

We heard patients being screened for COVID-19 by the reception team and saw that the practice had signs visible on the door of the practice that reminded patients and visitors of the enhanced requirements in place at the practice. These were in line with current government guidance.

We noted that the waiting area was clutter free and bright with plenty of seating available for patients. The reception desk was in front of the practice managers office.

We saw that the practice had placed a 'No Smoking' sign on the door of the practice.

We found the name of the practice to be clearly visible and names and qualifications of the dental professionals that worked for the practice were displayed by the entrance to the practice. The practice opening hours were also displayed.

All respondents to the HIW questionnaire indicated that the dental team talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

All patients that answered the question indicated that the staff at the practice treated them with dignity and respect. Most of the respondents said that the dental team helped them to understand all the available options for treatment when they needed it.

We witnessed the dental team treating the patients in a dignified and respectful manner. Staff were professional and friendly in their approach. We saw that doors to surgeries were kept closed when in use.

The reception team informed us that private or sensitive conversations would be held within a spare surgery or in the practice managers office.

We found that the practice did not provide patients with suitable written information and very little information was available bilingually in Welsh and English.

Additionally, the practice did not make an 'active offer' of Welsh to patients. This means that patients who preferred to communicate through the medium of Welsh were not actively encouraged or supported to do so.

We noted that the practice did have the use of a telephone translation service for patients who were speakers of other languages. This was provided by the local health board.

Patient information

The practice did not have information leaflets available for patients. However, some limited information was available on the practice website. We also found that the practice did not have information available to patients in a range of formats, such as large print, braille or easy read.

We saw details of charges for NHS treatment as well as private fees, were displayed clearly in the waiting area alongside the General Dental Council's (GDC) Standards for the Dental Team. GDC registration certificates were displayed on the wall in the practice managers office. We advised that these be moved to a more prominent position easily viewable by patients, so that they could be assured of the registration status of those treating them. This was corrected on the day of our visit.

The practice was not displaying a HIW registration certificate as the intended registered manager was new in post and had not yet completed their registration process.

The intended registered manager provided us with the most recent statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Neither document contained the necessary information as required by the regulations. In addition, the statement of purpose was written to comply with English regulations and laws and not relevant to Wales.

Timely care

Timely access

On the day of our visit, we saw the team working hard to ensure that patients were treated in a timely manner. Should an appointment run late a member of the reception team would inform patients of the delay. Patients were able to re-book their appointment should this happen.

The intended registered manager informed us that appointments could be booked in person, via telephone or by completing an online form that was available on the practice website.

Of the 16 patients that responded to the question on the HIW questionnaire, only five answered that it was very easy to get an appointment when needed. The majority felt that it was fairly easy. One patient indicated that the wait was too long.

Most of the respondents to the questionnaire knew how to access an out of hours emergency dental appointment should they need one.

Individual care

Planning care to promote independence

We reviewed a sample of ten patient dental records and found all had evidence of appropriate treatment planning.

All respondents to the questionnaire stated that they felt involved as much as they wanted to be in decisions about their treatment and that their dentists enquired about their medical history prior to undertaking any treatment.

People's rights

We noted that the practice had in place policies relating to equal opportunities, equality, and diversity. We saw notable good practice in the mandatory training of staff in equality and diversity.

We saw that the practice had a hearing loop available for patients hard of hearing.

However, the practice was located up several flights of stairs and did not have an accessible entrance for patients with mobility difficulties. Information for patients on this accessibility difficulty was not readily available on the practice website or in the patient information leaflet and patients were not routinely informed when booking an appointment at the practice. However, we were told that should a patient notify the practice of an accessibility difficulty; they would be referred to a nearby practice.

From the responses to the questionnaire, we saw that most patients indicated that they felt they could access the right healthcare at the right time regardless of any protected characteristic.

All patients answered that they had not experienced discrimination when accessing the dental practice.

We were told by the intended registered manager that transgender patients would have a pop up on their dental record to provide information to staff to ensure they were addressed correctly with preferred pronouns.

Listening and learning from feedback

We saw that the practice had displayed a copy of their complaints policy on a noticeboard within the waiting area of the practice. However, this did not contain details of the local community health council, the NHS 'Putting Things Right' procedure or details for HIW. There was a process to detail the response to a complaint with details of the person responsible for investigating and a timescale for a response.

We were provided with a complaints file used by the practice. This did not contain details of complaints relevant to the current owners of the practice (Bupa Dental Care), instead referring to the previous owners. We were told that complaints would be logged on a dedicated electronic system. On the day of our visit, we were not provided with details of complaints that may have been made in this manner but were told that all staff were aware of how to log a complaint. The intended registered manager informed us that complaints would be assessed for common themes monthly to aid learning and improvement.

We were told that feedback on the practice was gathered by trust pilot. On the day of our visit this was at 84% satisfaction rate. A link to provide a trust pilot review was available on the practice website.

Feedback questionnaires were not currently in use having been paused due to the COVID-19 pandemic.

The practice did not have a 'you said, we did' board to encourage patient engagement and information was not displayed on any feedback that had been received.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The practice building, although small, was fit for purpose. The waiting room was of a suitable size and layout and had plenty of natural light. Whilst surgeries were windowless, they had air purifiers and air-conditioning to ensure adequate ventilation. They were also well maintained, clean and tidy.

Storage space within the dental practice was limited and stock items were stored in multiple locations throughout the practice, including areas within the small decontamination room.

The practice benefitted from a small kitchen area to prepare food. This was also being used as an area for staff to change into and out of their uniforms.

The main office area was situated behind the reception desk and was used mainly by the intended registered manager and for the storage of staff files.

We reviewed the documentation relating to the maintenance and risk assessments for the dental practice and found that many of these documents were out of date or were not present.

The health and safety risk assessment had not been undertaken and the practice did not have an environmental risk assessment or a buildings maintenance policy. We noted the most recent risk assessment undertaken for the practice was out of date and had not been repeated since 2019. Furthermore, we found that the practice did not have an appropriate Control of Substances Hazardous to Health (COSHH) policy in place.

We reviewed the arrangements relating to fire prevention at the practice. We found that the most recent fire risk assessment had been carried out in September 2019 despite requiring an annual review. Additionally, actions identified during the fire risk assessment, had not been carried out.

It was positive to note that fire extinguishers present at the practice had been recently serviced. These were available throughout the practice and were of a suitable size and type. Furthermore, we saw evidence of fire safety checklists to include weekly checks of smoke detectors, daily reviews of the means to escape the

practice, annual fire drills and weekly reviews of the precautions to protect against fire. A review of staff fire training found that all staff had completed satisfactory training in fire safety. We saw that the practice had one fire warden currently trained. As all staff at the practice are part-time, we recommended that a second fire warden be appointed to ensure one was always present during operational hours of the dental practice.

We saw that the fire exit signs were positioned strategically throughout the practice and a 'no smoking' sign was present on the front door of the practice.

We would recommend that, as the practice is located up a several flights of stairs and with this the only means of escape should a fire occur, the practice ensure it reviews the procedure to follow for safe evacuation of patients and staff should a fire occur.

We saw that the practice had a valid employer's liability insurance certificate displayed in the waiting area. A health and safety executive (HSE) poster was on display in the staff kitchen area.

We found that the patient toilet had a sink that was loose and coming away from the wall. In addition, water became extremely hot very quickly when the tap was used. Despite this, no signs warning patients of the risk were displayed.

Infection prevention and control (IPC)

We found that the practice had appropriate policies and procedures in place to ensure effective IPC. We saw evidence of policies that covered hand hygiene as well as the correct disposal of clinical and non-clinical waste and housekeeping. The practice also had specific policies in place to mitigate the risks posed by COVID-19.

We were told that the practice had a decontamination lead, a member of the dental nursing team at the practice. A review of staff files showed that all staff working clinically at the practice had provided satisfactory evidence of Hepatitis B immunity.

Throughout our visit, we witnessed staff wearing the correct personal protective equipment.

We saw evidence that daily checks for the surgeries had been completed and a daily maintenance programme for the decontamination of equipment, including regular testing and validation for the autoclaves and ultrasonic cleaners.

We were provided with evidence of contracts in place to ensure the appropriate handling and disposal of waste from the practice. Clinical waste was stored safely

and appropriately in a locked bin. This was located within the stair well on the ground floor of the practice due to local security concerns. Clinical waste was collected regularly.

We were provided with the most recent WHTM 01-05 audit. Despite requiring annual completion, this had not been undertaken within the last 12 months and therefore required repeating.

Medicines management

We found that the practice did not have an appropriate medicines management policy in place. Therefore, we could not be assured that staff were aware of the correct procedures and processes for the safe storage, use and handling of medicines at the practice.

We reviewed the arrangements in place to ensure the practice had effective policies and procedures in place for managing medical emergencies and resuscitation. Although a policy was available, we found this to be a generic Bupa policy that was not specific to the practice. We could not therefore be assured that staff would be fully aware of the procedures to follow for a medical emergency within the dental practice.

The emergency drugs and equipment at the practice were stored appropriately, in date and in an area that was easily accessible to staff. We saw evidence that regular checks of emergency drugs and equipment were undertaken. We saw evidence that all staff had up to date training in Basic Life Support (BLS).

The practice had a designated first aider in place. However, as all staff are part-time, we would encourage the practice to consider whether this provided the practice with suitable cover for first aid in the event of staff leave and shift patterns.

We asked the registered manager about the arrangements for disposing of expired medications. We were told that while expired medicines would be taken to the local pharmacy for disposal. At the time of inspection, the practice did not keep a record of medicines disposed of in this manner.

We saw that prescription pads would be locked away when not in use.

Safeguarding children and safeguarding adults at risk

We saw that all clinical staff had completed training to an appropriate level in the safeguarding of children and vulnerable adults. We were told that a dentist at the

practice was the designated safeguarding lead. This person had completed safeguarding training to level 3 to appropriately carry out this role.

We saw evidence that the practice had an appropriate safeguarding policy in place. We saw that the policy had been recently reviewed and dated within the last year. In addition, we saw that the practice had in place a 'Was not brought' policy and champion. This encouraged clinicians to identify those children and young people that may repeatedly miss appointments and safeguard them where appropriate.

We saw that surgeries had displayed a flowchart with details of action to take should staff suspect that a child or vulnerable adult was at risk. This also contained the telephone numbers of local contacts to report a concern in a prompt manner. We were told that staff could approach a team located within the head office for further support if necessary.

We saw that all staff had completed satisfactory pre-employment checks. This included Disclosure and Barring Service (DBS) checks that were enhanced for child and adult workforce. However, one staff member had not completed a check within the last five years. We were told that an email would be sent from head office when DBS checks required renewal to prompt the practice manager to repeat them.

Medical devices, equipment and diagnostic systems

We saw that the dental surgeries contained appropriate equipment for the safety of patients and the dental team. We found that clinical equipment was safe and in a good condition. Staff appeared adequately trained to use the equipment provided. This was evidenced by a comprehensive induction package for new starters provided by Bupa.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be mostly compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (2017). The radiation protection supervisor was a dentist at the practice. The practice had a contract in place with a dedicated company to fulfil the role required of radiation protection advisor.

We saw that the practice had appropriate employers' procedures in place for the use of ionising radiation that clearly described the roles and responsibilities of staff.

Although the practice did not use the quality improvement tool for ionising radiation provided by Health Education and Improvement Wales (HEIW), we were provided with evidence of ongoing assessment and quality assurance of radiographs taken at the practice.

Radiography equipment in use at the practice was correctly registered with the HSE and was regularly serviced and maintained.

The practice did not have a comprehensive radiation protection file and policies relating to radiography at the practice would benefit from review and update as necessary.

On the day of our visit, we were not provided with evidence of recent training undertaken by dental nursing staff at the practice in IR(ME)R (2017).

During the inspection we observed that some sharps bins were not mounted correctly within the surgeries. This could increase the risk of a sharps injury to staff. We raised this on the day of our visit and were informed by the intended registered manager that new bins were already on order that could be wall mounted in a safe and secure manner.

Effective care

Safe and clinically effective care

We were satisfied that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. However, this was not reflected in the statement of purpose provided to us as part of the inspection. The statement of purpose was not compliant with the Private Dentistry (Wales) Regulations 2017 and was instead written to laws governing England and not Wales. In addition, significant revision was required due to changes in staff roles and responsibilities within the practice.

We found that staff were not always clear on their responsibilities and roles within the practice. We felt this was due to a lack of leadership prior to the appointment of the intended registered manager.

We saw evidence that staff would obtain and follow professional guidance and advice where necessary and practice policies were reflective of this. This was further evidenced by adherence to the most recent COVID-19 guidance issued by the Chief Dental Officer (CDO) for Wales as well as a high standard of record keeping from all clinicians.

We observed that the practice did not use the Local Safety Standards for Invasive Procedures checklists (LoSSIPs) to prevent wrong site tooth extractions.

Quality improvement, research and innovation

Overall, we found that the practice was not undertaking sufficient audit activity. On the day of our visit, we were not provided with any evidence of recent audit activity. We were told that an audit of antibiotic prescribing had been undertaken. However, this was not the recognised audit recommended by HEIW and had not been completed recently. No other audit activity was provided to us. Furthermore, the practice did not have an audit policy or schedule in place.

We questioned the intended registered manager on the tools used to ensure continuing improvement of the dental practice and were told that neither the Maturity Matrix Dentistry tool nor Skills Optimiser Self Evaluation Tool (SOSET) provided by HEIW were used.

Information governance and communications technology

We saw that the practice had a staff confidentiality policy in place that complied with the General Data Protection Regulations.

The practice used an electronic records management system for patient dental records. This was only accessible via an authorised password and ensured the integrity of confidential patient information.

We saw that staff personal folders were stored securely within a locked cabinet in the intended registered managers office.

Record keeping

During the inspection, we reviewed a sample of 10 patient dental records. We found that record keeping was of a high standard. All notes reviewed were clear, legible, and contained sufficient information about the patient, their medical history and dental treatment.

We saw that patients' social history was recorded including alcohol intake and tobacco use, enabling clinicians to identify those patients at an increased risk of oral cancer. We saw that patient medical histories were updated at each course of treatment.

We were assured to find that the practice had a consent policy in place. This had been recently reviewed and was adhered to.

Quality of Management and Leadership

Governance, Leadership and Accountability

The practice is part of the larger corporate group of Bupa Dental Care practices. A new practice manager had been recently appointed and they were also the intended registered manager at the time of our inspection. The intended registered manager had overall responsibility for the management of the practice. As they were new to the role, they were supported by an experienced registered manager from a nearby practice. At the time of our inspection, the intended registered manager was not yet registered with HIW. Prior to the appointment of the intended registered manager, the practice was without a practice manager for a period of approximately two years.

Registered managers were supported in their roles by an area manager and a dedicated head office team.

At the time of our visit, the practice had four dentists, two hygienists, and six dental nurses. All staff were part-time. All qualified dental professionals were GDC registered and providing care within their scope of practice. We were told that the practice currently had vacancies for dental nurses and receptionists.

We witnessed the team working well together to treat the patients. Communication was effective and professional. Leadership, provided by the intended registered manager appeared effective.

We found that the practice was heavily reliant on policies and procedures provided by the head office team. Although these were readily available to staff via an online system, we found that many of the policies required by the Private Dentistry (Wales) Regulations 2017 were not available. Many policies were generic and not specific to the practice or relevant to Wales.

The intended registered manager had overall responsibility for the submission of notifications of any incidents to HIW. When questioned, they did not appear to be aware of those incidents and events requiring notification to HIW.

We were told that prior to the appointment of the intended registered manager, regular, formal team meetings did not take place. However, we were informed that formal team meetings would now be scheduled to take place every second month. These would be minuted and dates varied to ensure that all staff are given the

opportunity to attend. In addition, staff would have brief morning meetings prior to the start of the day to disseminate any important information.

Workforce

The intended registered manager told us about the arrangements for the recruitment of new staff. We were told that vacancies would be advertised on local job search websites, as well as via advertising arranged by the head office team.

We saw that the practice had in place a series of policies to support the recruitment, induction, and retention of staff. We were provided with examples of a comprehensive induction and training schedule that was specific to Bupa Dental Care. This allowed the practice to assess the competency of new staff and supported their training, learning and development. Competency would be assessed after three months and reassessed at monthly intervals, should this be required.

We were told that whilst Bupa Dental Care funded indemnity and provided a full training package for their dental nursing staff, GDC registration fees were the responsibility of the individual.

The intended registered manager informed us that agency staff were regularly used due to vacancies within the team. We were told that the relevant checks would be carried out by the dental agency to ensure individuals were suitable to work within the practice and confirmation would be provided to the intended registered manager.

We saw evidence of staff files that held details of staff checks including hepatitis B immunisation status and identity checks as well as copies of qualification certificates and mandatory training. However, files did not appear cohesive, and details of mandatory training were difficult to find.

We were able to determine that all staff had undertaken recent basic life support (BLS) training as well as training in IPC and the safeguarding of children and vulnerable adults.

We asked the intended registered manager for details of the training they were going to undertake to ensure they were able to effectively manage the dental practice. We were told that training to assist with this role was provided through a dedicated Bupa training platform. Peer support was also offered and managers that were new to the role were encouraged to attend nearby practices to shadow experienced managers.

We noted that staff had not received appraisals within the last year. We were told that these would take place in the following months now that the intended registered manager was in post.

We were provided with evidence of a staff whistleblowing policy and a policy entitled 'Speak up' which encouraged staff to raise areas of poor practice with managers. We were told that staff were also able to bring up any issues of concern during the morning huddle meetings and could approach the intended registered manager or a member of the head office team should they wish.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

